# EATONVILLE COMMUNITY CENTER - FACILITY USE AGREEMENT

305 Center Street W
PO Box 309
Eatonville, WA 98328
360-832-3361 ext. 102

1) NAME OF ORGANIZATION/PARTY: _____ 2) DATE OF EVENT: _____

3) DURATION OF EVENT (*including Set-Up & Clean-Up*): FROM _____AM/PM TO _____ AM/PM TOTAL HOURS _____

4) ROOM(S) BEING USED (if known): _____

5) NATURE OF EVENT: _____

6) ESTIMATED ATTENDANCE: Adults _____ Youth _____

7) WILL LIQUOR BE SERVED? Yes / No 8) NAME OF EVENT SUPERVISOR _____
(If yes, you will need to obtain a Banquet Permit from a WA State Liquor Store.)

9) IS THERE AN ADMISSION CHARGE? Yes / No 10) IS THIS A 501(c)(3) NONPROFIT ORGANIZATION? Yes / No

I certify that I am the authorized representative of the above organization/group, have read and agree to be bound by the regulations, policies and fee schedules as described in the rules and procedures governing the use of the Eatonville Community Center, and that the information above is true. On behalf of the group I represent, I agree to supervise all activity on the premises and to comply with and enforce the attached rules and regulations during the time allocated for our group. I agree to and understand the fee schedule, charges and policies governing use of the Center by groups. HOLD HARMLESS AGREEMENT: On behalf of the group I represent, I agree to hold the Eatonville Community Center, the Town of Eatonville, its agents, employees and officials, while acting within the scope of their duties, harmless from all causes of actions, demands, and claims, including the cost of their defense, arising in favor of the activity participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the activity participant in the above event except for those acts or commissions which are the sole negligence of Eatonville Community Center, the Town of Eatonville, its agents, employees and officials.

_____ _____
Name & Title (if any) – Please Print (Signature) (Date)

_____ _____
Street Address Phone: (Home) (Work)

_____ _____
Town Zip E-mail address

**Deposit due at time of booking reservation. Balance and proof of insurance (if applicable) due two weeks prior to event. Make checks payable to "Town of Eatonville."**

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**<FOR CENTER USE ONLY>**

| | AMOUNT | DATE PAID | RECEIPT # | STAFF INITIALS | PACKET GIVEN |
|---|---|---|---|---|---|
| Deposit | $ _____ | _____ | _____ | _____ | _____ Yes |
| Rental Fee | $ _____ | _____ | _____ | _____ | _____ No |

Insurance Required: Yes / No Received by:_____
Liquor Liability Insurance Required: Yes / No Received by:_____

CATEGORY (Class 1, 2, 3 or 4) _____